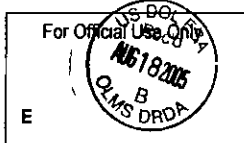


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9845</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>John</u> <u>R</u> <u>Shields, Jr</u> P O Box, Bldg, Room No, if any <u></u> Street <u>4725 Silver Hill Road</u> City <u>Suitland</u> State <u>Maryland</u> ZIP Code + 4 <u>27046</u>	4 Name, file number and address of labor organization Name <u>Sheet Metal Workers Intl Assn Local #100</u> Labor Organization File Number <u>515-603</u> P O Box, Building and Room Number, if any <u></u> Street <u>4725 Silver Hill Road</u> City <u>Suitland</u> State <u>Maryland</u> ZIP Code + 4 <u>20746</u>
5 Position in labor organization <u>Executive Board Member</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name <u></u> Trade Name, if any <u></u> P O Box, Bldg, Room No, if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7 a Nature of Interest Transaction, or Income <u></u> 7 b Amount <u></u>

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u></u>	On <u>8/14/2004</u> Date	<u>301-899-8134</u> Telephone Number

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Name of Person Filing John Shields, Jr	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name <input style="width: 80%;" type="text" value="Amalgamated Bank"/> Trade Name, if any <input style="width: 80%;" type="text"/> P O Box, Bldg, Room No, if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text" value="15 Union Square"/> City <input style="width: 80%;" type="text" value="New York"/> State <input style="width: 20%;" type="text" value="New York"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="10003-3378"/>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input style="width: 80%;" type="text"/> Trade Name, if any <input style="width: 80%;" type="text"/> P O Box Bldg Room No, if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text"/> City <input style="width: 80%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	11 a Nature of such dealing <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Banking Services</div> 11 b Approximate dollar value of such dealing <input style="width: 50%;" type="text" value="\$36,000"/>
	12 a Nature of interest held or income received <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Dinner 10/6/04</div> 12 b Amount <input style="width: 50%;" type="text" value="\$52"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name <input style="width: 80%;" type="text"/> Trade Name, if any <input style="width: 80%;" type="text"/> P O Box, Bldg, Room No, if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text"/> City <input style="width: 80%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	14 a Nature of payment <div style="border: 1px solid black; height: 150px;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <input style="width: 80%;" type="text"/>